

IN THE UNITED STATES DISTRICT COURT FOR THE  
EASTERN DISTRICT OF TENNESSEE

ROGER DODSON	)	
	)	
Plaintiff,	)	
	)	
v.	)	Docket No. _____
	)	
	)	Jury Demand
THE HARRINGTON & KING PERFORATING	)	
CO., INC., HARRINGTON & KING SOUTH,	)	
INC., and ANDREW LOVAAS,	)	
	)	
Defendants.	)	

COMPLAINT

Roger Dodson says:

1. Roger Dodson is a Cleveland, Bradley County, resident who was employed at the plant currently owned by Harrington & King South, Inc. (hereinafter "Harrington South") for 37 years until he was laid off in October 31, 2014 by Harrington South.

2. Harrington South is a Tennessee corporation with its principal office at 3939 Michigan Avenue Road NE, Cleveland, Tennessee 37323-5903. The Plaintiff was a long time employee at Harrington South, which is owned and controlled by its parent corporation The Harrington & King Perforating Co., Inc. (Harrington Perforating), a producer of perforated material, which provides holes in any size, shape, or arrangement of metals and non-metals. Harrington Perforating represented that it provided self-funded health insurance benefits to its employees including Mr. Dodson during 2014. The Plaintiff's premium of \$472.00 per month for health insurance coverage for himself and his wife was deducted from the Plaintiff's weekly pay benefits. (Member ID 0075166, Group 114300, 0400-TN RETIREES)

3. This cause of action arises from the Defendants' failure to maintain health self-funded insurance for its Cleveland, Tennessee employees while deducting \$472.00 per month from Mr. Dodson's pay for purported health insurance. Since the breach or tortious act occurred in Cleveland, Bradley County, Tennessee and Harrington South is a Tennessee corporation with its principal place of business in Bradley County, Tennessee, jurisdiction and venue are proper in this Court.

4. Attached hereto (See Exhibit 1) is a Certificate of Group Health Plan Coverage for Roger Dodson dated December 1, 2014. All times prior to this, Roger Dodson had been advised by his Employer that Benefit Administrative Systems, LLC, was administering his health insurance benefits through a Harrington Perforating funded health insurance fund. Attached hereto as Exhibit 2 is an IPMG Red Card issued by Harrington Perforating to the Plaintiff referencing Mr. Dodson membership ID.

5. In October 2014, your Plaintiff had an emergency appendectomy and assumed that he had health insurance coverage based on representations made by the Defendants. Attached hereto are the itemized medical bills that he has incurred as a result of this treatment:

(1)	Dr. John Bickel	\$ 30.00
(2)	Memorial Hospital (professional fee)	\$ 50.00
(3)	Emergency Physicians statements (Chattanooga Emergency Medicine)	\$ 1,192.00
(4)	Mountain Management Services	\$ 25.00
(5)	Optima Recover Services	\$ 1,194.00
(6)	Diagnostic Imaging Consultants	\$ 1,194.00
(7)	Diagnostic Pathology Services	\$ 30.00
(8)	Diagnostic Imaging Consultants	\$ 252.00
(9)	Memorial Hospital of Chattanooga	\$ 26,461.66
(10)	Dr. John Bisese	\$ 942.00
(11)	Dr. James Hoback	\$ 25.00
	Total Bills:	\$ 31,395.66

See Exhibit 3.

6. When these bills were submitted first to Benefit Administrative Systems, LLC, Mr. Dodson received an Explanation of Benefits indicating that BAS was no longer the administrator for the group insurance for Harrington & King Perforating. Thereafter, the bills described in Paragraph 5 were submitted to IPMG for payment. Only subsequently did Mr. Dodson learn that the Defendants had fail to fund the group coverage referenced on the Explanation of Benefits and there was no coverage.

7. Upon information and belief Andrew Lovaas was the administrator of the self-funded Harrington & King Perforating Health Insurance Fund which purportedly provided health insurance to Roger Dodson. Because of financial problems with Harrington & King Perforating, Lovaas made a conscious decision not to properly fund the Harrington& King Perforating Health Insurance Fund which caused Mr. Dodson and many other employees to not have the requisite health insurance that they had paid for. Lovaas or the appropriate administrator of the Fund violated their fiduciary duties to the Fund and to the employees of Harrington & King Perforating who were paying for health insurance benefits.

8. Attached hereto as Exhibit 4 is Plaintiff's counsel's letter of July 22, 2015 to Andrew Lovaas and to Harrington & King South, Inc. making demand upon the Defendants to pay the claimed medical benefits. The Defendants refused this demand.

9. The Defendants have violated the terms and provisions of the Employee Retirement Income Security Program (ERISA) by failing to properly account for and fund employee health plans and have diverted said monies to other non-related obligations of the Defendants. The Defendants have violated 29 U.S.C. §1021 and have responsibility to the Plaintiff and others for their failure to properly account and fulfill their duties as administrators of the Fund. Under 29

U.S.C. §1132, your Defendants are responsible for penalties, the underlying medical bills and attorney's fees.

WHEREFORE, your Plaintiff prays that a jury be empaneled to try the issues when joined and that he be awarded delinquent contributions on behalf of all employees of The Harrington & King Perforating Co., Inc., et al., all amounts owed for medical bills, attorney's fees and penalties in an amount to be decided by the enlightened conscious of the jury.

Respectfully submitted,

LOGAN-THOMPSON, P.C.

By: /s/Robert G. Norred, Jr.  
ROBERT G. NORRED, JR. (BPR#012740)  
Attorneys for Plaintiff  
PO Box 191  
Cleveland, TN 37364-0191  
423/476-2251

12/01/2014

12/01/2014

ROGER DODSON  
139 CLEAR LAKE RD  
MCDONALD, TN 37353

**CERTIFICATE OF GROUP HEALTH PLAN COVERAGE**

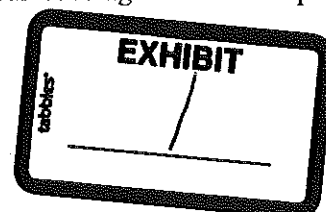
**\*IMPORTANT - KEEP THIS CERTIFICATE.** This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting condition exclusion period under another plan, to help you get special enrollment in another plan, or to get certain types of individual health coverage even if you have health problems.

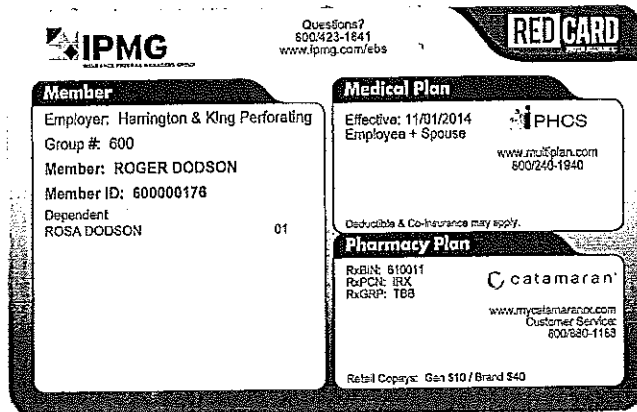
1. Date of this certificate: 12/01/2014
2. Name of group health plan: Harrington & King Perforating
3. Name of participant: ROGER DODSON
4. Identification number of participant: 600000176
5. Name of individuals to whom this certificate applies:  
    ROGER DODSON  
    ROSA DODSON
6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:  
  
    IPMG  
    225 Smith Road  
    St. Charles, IL 60174  
    (630) 789-2082
7. For further information, call: (630) 789-2082
8. If the individual(s) identified in line 5 has (have) at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here and skip lines 9 and 10:
9. Date waiting period or affiliation period (if any) began: 11/01/2014
10. Date coverage began: Medical 11/01/2014      Dental
11. Date coverage ended: Medical 12/31/2014      Dental

See attached Statement of HIPAA Portability Rights

**STATEMENT OF HIPAA PORTABILITY RIGHTS**

**IMPORTANT - KEEP THIS CERTIFICATE.** This certificate is evidence of your coverage under this plan. Under a federal law known as HIPAA, you may need evidence of your coverage to reduce a preexisting





**BAS** Benefit Administrative Systems, LLC  
17475 Jovanna Drive, Suite 1D  
Homewood IL 60430-1082

# Explanation of Benefits

RETAIN FOR TAX PURPOSES

THIS IS NOT A BILL

## Forwarding Service Requested



\*\*\*\*\*MIXED AADC 373

542 2 MB 0.435  
ROGER DODSON  
139 CLEAR LAKE ROAD  
MCDONALD TN 37353

## Customer Service

Questions? Contact us at  
(800) 843-3831 or fax us at (708) 799-7533

Enrollee: ROGER DODSON  
Patient: ROGER DODSON  
Member ID: 0075166  
Group: HARRINGTON & KING PERFORATING  
Group#: 114300  
Location: 0400  
Location Name: 0400 - TN RETIREES  
Dep Code: e  
Date: 12/04/2014

Claim#: 29166524-01  
Patient: ROGER DODSON

Patient#: 9358901  
Provider: JOHN T BICKEL MD

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
10/31-10/31/2014	98	\$30.00	\$30.00	TT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$30.00	\$30.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility: \$30.00										Primary Carriers Allowed Amount	\$0.00
										Other Credits or Adjustments	\$0.00
										Total Net Payment	\$0.00

## Service Code Description

98 INELIGIBLE

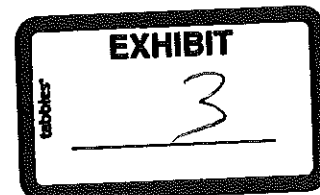
## Reason Code Description

TT BAS IS NO LONGER THE CLAIMS ADMIN. CONTACT PATIENT FOR UPDATED INSURANCE INFORMATION

## Additional Information

\*\*\* IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.

10/31



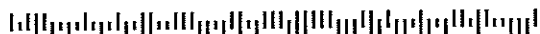
Mountain Management Services  
5600 Brainerd Road, Suite 500  
Chattanooga, TN 37411



ACCOUNT NUMBER 153650XPF	EXPIRATION DATE 05/18/15	BALANCE \$50.00
<div style="display: flex; justify-content: space-around;"> <div>VISA <input type="checkbox"/></div> <div>MASTERCARD <input type="checkbox"/></div> <div>DISCOVER <input type="checkbox"/></div> </div>		
CARD NUMBER	CVV2 CODE	AMOUNT
SIGNATURE		EXP. DATE
PATIENT NAME ROGER D DODSON		DAYTIME PHONE NUMBER

1 / 1

0000000559



\*\*\*PERSONAL AND CONFIDENTIAL\*\*\*

ROGER D DODSON (XPF )  
139 CLEAR LAKE RD  
MC DONALD, TN 37353-5765

**MAKE CHECK PAYABLE TO:**

MEMORIAL HOSPITAL PRO FEE  
PO BOX 116426  
ATLANTA, GA 30368

**IF THIS LETTER IS NOT ADDRESSED TO YOU, DO NOT OPEN  
RETURN TO POSTAL CARRIER UNOPENED**

- ☐ Please check box if above address is incorrect or if insurance information has changed and indicate change(s) on reverse side.  
Please detach and return the top portion with your payment.

STATEMENT OF ACCOUNT						
Primary Insurance:			Secondary Insurance:			
Date of Service	Physician & Description	Charges	INSURANCE PAYMENTS	ADJUSTMENTS/ DISCOUNTS	PATIENT PAYMENTS	PATIENT BALANCE
	Account: 153650XPF					
10/30/14	HOBACK EKG INTERPRET & RPT	25.00				25.00
10/30/14	HOBACK EKG INTERPRET & RPT	25.00				25.00

CURRENT	30-60 DAYS	61-90 DAYS	90-120 DAYS	> 120 DAYS	CHARGES STILL OUT TO INSURANCE	TOTAL PATIENT RESPONSIBILITY
	25.00			25.00		\$50.00

**Messages:** If you are paying on more than one statement, please send a separate check for each account number. For billing inquiries call **Mountain Management Services at 423-495-4848**. Hours Mon - Fri 8:30 AM - 5:00 PM. Email questions to: [PatientAccounts@Memorial.org](mailto:PatientAccounts@Memorial.org)



# EMERGENCY PHYSICIAN STATEMENT

CHATTANOOGA EMERGENCY MED PLLC PO BOX 94274 OKLAHOMA CITY, OK 73143-4274

ACCOUNT NUMBER  
0038424054STATEMENT DATE  
05/06/2015TAX I.D. NO.  
20-8550713

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL, CALL 800-225-0953 (EN ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

DATE OF SERVICE		PLACE OF SERVICE	EMERGENCY PHYSICIAN
10/30/2014		MEMORIAL HOSPITAL	SUSY VERGOT, DO
PATIENT NAME		CHATTANOOGA, TN	
ROGER DODSON			
DATE OF SERVICE	CPT CODES	DESCRIPTION OF SERVICES/PROCEDURES	AMOUNT
10/30/2014	99291	CRITICAL CARE, INITIAL, FIRST 30 - 74 MINUTES	1192.00
TOTAL CHARGES			1192.00

## TRANSACTIONS:

03/04/2015 Ins. Claim Mailed to: IPMG-EBS

Payment Reminder - Flexible Spending Accounts and Health Savings accounts may be used for all unpaid balances. Please consider our pay online option when selecting your electronic payment method. You may also call 800-225-0953 for assistance with processing your payment. Thank You

**NOTICE:** Please be advised that a late payment fee may be added to your account if payment is not received by the due date specified below. To avoid the fee, please remit the balance due now. Thank you.

	Due Date	Balance Due
Pay online <a href="http://epay.pdc4u.com/020060">http://epay.pdc4u.com/020060</a>	06/03/2015	\$1192.00

THESE CHARGES ARE FOR THE EMERGENCY PHYSICIAN'S SERVICES AND ARE NOT INCLUDED IN YOUR HOSPITAL BILL. IF YOU HAVE ANY QUESTIONS ABOUT THIS BILL PLEASE DO NOT CALL THE HOSPITAL, CALL 800-225-0953 (EN ESPANOL 800-856-5838). TO AVOID PEAK HOURS CALL TUE-FRI BETWEEN 7AM AND 7PM CENTRAL STANDARD TIME.

TO INSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH PAYMENT

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

CHATTANOOGA EMERGENCY MED PLLC  
PO BOX 96408  
OKLAHOMA CITY, OK 731436408

01409

0038424054 - ACCT NO. 1192.00 - BAL DUE

PATIENT NAME: ROGER DODSON

Payment amount authorized: \$ \_\_\_\_\_

(Circle one): M/C VISA DISC E-CHECK A/E

Card# \_\_\_\_\_ Exp Dt \_\_\_\_\_

Signature \_\_\_\_\_

Printed Cardholder Name \_\_\_\_\_

MAKE CHECK PAYABLE TO:  
CHATTANOOGA EMERGENCY MED PLLC



55390-07A\* 8  
ROGER DODSON  
139 CLEAR LAKE RD  
MC DONALD TN 37353-5765



CHATTANOOGA EMERGENCY MED PLLC  
PO BOX 94274  
OKLAHOMA CITY OK 73143-4274

For inquiries call 1-800-225-0953

(En Español 1-800-856-5838)

6215 Kingston Pike, Suite B  
P.O. Box 52968  
Knoxville, TN 37950-2968  
(865) 862-0590  
Toll Free (877) 755-9800



\*PERSONAL AND CONFIDENTIAL\*

0000000510



ROGER DALE DODSON  
139 CLEAR LAKE RD  
MC DONALD, TN 37353-5765

INFORMATION CREDIT CARD		
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input checked="" type="checkbox"/> VISA <input type="checkbox"/> VISA		
CARD NUMBER	CVV2	SHOW AMOUNT PAID
CARDHOLDER'S NAME		EXP DATE
SIGNATURE		STATEMENT DATE 3/23/2015
CREDITOR	ACCOUNT #	PAY THIS AMOUNT
DIAGNOSTIC IMAGING CONSULTANTS LLC	3222408	\$ 1,194.00



6215 Kingston Pike, Suite B  
P.O. Box 52968  
Knoxville, TN 37950-2968

125

☐ Please check box and complete reverse side if your information has changed or you would like to set up a payment plan.

### THE ABOVE ACCOUNT(S) HAVE BEEN LISTED WITH THIS OFFICE FOR COLLECTION.

If paid in full to this office, all collection activity will be stopped. Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of the judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

A \$29.00 service charge will be added on returned checks.

*Jan 26, 09*  
*9/1/98*

3/23/2015

3222408  
ROGER DALE DODSON  
139 CLEAR LAKE RD  
MC DONALD, TN 37353-5765

This is an attempt to collect a debt. Any information obtained will be used for that purpose.  
This communication is from a debt collector.

See reverse side for important information.

To pay online use access code 1.2870373.461 in the "Create New Account" box. After you create the account, you can access this page at any time to make payments or review account information.

You may now pay your bill...

- ☒ Online at [www.optimarecoveryservices.com](http://www.optimarecoveryservices.com) with a credit card or check.
- ☐ By credit card, by completing **above** and mail in.
- ☐ By bank draft, by completing **reverse** side and mailing in.
- ☐ By phone at **(865) 862-0590** or toll free **(877) 755-9800** to pay with a credit card or check.

Diagnostic Imaging Consultants  
601 Dodds Avenue  
Chattanooga TN 37404

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER		SECURITY CODE
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		
STATEMENT DATE 02/27/2015	ACCOUNT # DII 8829250	PAY THIS AMOUNT \$1,194.00

Office Phone: 866/730-5619  
Toll Free: 866/730-5619

Amount Remitted: \_\_\_\_\_

Pay online at [www.ePayitOnline.com](http://www.ePayitOnline.com)  
CodeID: MEDICAL6 Access #: 4496976-1-308



3421 1 AT 0.406 \*14  
ROGER DALE DODSON  
139 Clear Lake Rd  
Mc Donald TN 37353-5765

Diagnostic Imaging Consultants  
601 Dodds Avenue  
Chattanooga TN 37404-3911

MEDICAL6-0415610-0003421-4496976-001-000308-#004736-0015

PLEASE RETURN TOP PORTION WITH PAYMENT

## THIS IS YOUR FINAL NOTICE!

This is our final effort to have you pay your past due account. Your account with Diagnostic Imaging Consultants may be turned over to our collection agency and/or an attorney to file a lawsuit in small claims court unless we receive payment within the next 15 days.

Please understand that not bringing your account up to date could adversely affect your credit rating.

Respond to this collection notice today.

## FINAL NOTICE!

**MINIMUM PAYMENT OF \$100.00 IS REQUIRED**  
**THE PAYMENT PLAN TERM SHALL NOT EXCEED 6 MONTHS**  
**DUE IMMEDIATELY**

Diagnostic Imaging Consultants  
601 Dodds Avenue  
Chattanooga TN 37404

Office Phone: 866/730-5619  
Toll Free: 866/730-5619

Patient Name: ROGER D DODSON  
Account #: DII 8829250  
Amount Due: \$1,194.00

*To pay this statement electronically go to  
[www.ePayitOnline.com](http://www.ePayitOnline.com) or scan the barcode  
to the right with your mobile device or tablet*

SCAN FOR  
MOBILE  
PAYMENT



ACCOUNT NUMBER

DATE OF STATEMENT

PAYMENTS AFTER THIS  
DATE WILL APPEAR ON  
YOUR NEXT STATEMENT

BALANCE

AMOUNT DUE

2461\*935890.1

02/24/2015

\$30.00

PATIENT NAME

ROGER D DODSON

MAKE CHECKS PAYABLE TO:  
DIAGNOSTIC PATHOLOGY SVC  
PO BOX 490998  
LAWRENCEVILLE GA 30049-0052  
866/759-4528

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION

Page 1 of 1

## FINAL NOTICE

\*\*\*\*\*

PLEASE REMIT  
BALANCE OF \$30.00

For questions call, 866/759-4528 and when prompted enter your identification number as follows 2461\*935890\*1  
OPERATOR AVAILABLE 8:30AM - 6:00PM EST

PLEASE DETACH AND RETURN THE BOTTOM PORTION WITH PAYMENT

DIAGNOSTIC PATHOLOGY SVC  
PO BOX 490998  
LAWRENCEVILLE GA 30049

ACCOUNT NUMBER

2461\*935890.1

PATIENT NAME

ROGER D DODSON

STATEMENT DATE

02/24/2015

AMOUNT DUE

\$30.00

AMOUNT ENCLOSED



Temp-Return Service Requested

NOGA\*935\*935890.1

2461

To make credit card payments:

[www.peryourhealth.com](http://www.peryourhealth.com) (see statement detail for account  
number and password) or call 866/759-4528

MAKE CHECKS PAYABLE AND REMIT TO:

ROGER D DODSON  
139 CLEAR LAKE RD  
MC DONALD TN 37353-5765

DIAGNOSTIC PATHOLOGY SVC  
PO BOX 490998  
LAWRENCEVILLE GA 30049-0052

**BAS** Benefit Administrative Systems, LLC  
17475 Jovanna Drive, Suite 1D  
Homewood IL 60430-1082

## Explanation of Benefits

RETAIN FOR TAX PURPOSES

**THIS IS NOT A BILL**

### Forwarding Service Requested



\*\*\*\*\*MIXED AADC 373

542 2 MB 0.435

ROGER DODSON  
139 CLEAR LAKE ROAD  
MCDONALD TN 37353

### Customer Service

Questions? Contact us at  
(800) 843-3831 or fax us at (708) 799-7533

Enrollee: ROGER DODSON  
Patient: ROGER DODSON  
Member ID: 0075166  
Group: HARRINGTON & KING PERFORATING  
Group#: 114300  
Location: 0400  
Location Name: 0400 - TN RETIREES  
Dep Code: e  
Date: 12/04/2014

Claim#: 29149016-01  
Patient: ROGER DODSON

Patient#: DI100882082201  
Provider: JOHN H BISESE MD

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
10/30-10/30/2014	98	\$252.00	\$252.00	TT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$252.00	\$252.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility:										\$252.00	
										Primary Carriers Allowed Amount	
										\$0.00	
										Other Credits or Adjustments	
										\$0.00	
										Total Net Payment	
										\$0.00	

### Service Code Description

98 INELIGIBLE

### Reason Code Description

TT BAS IS NO LONGER THE CLAIMS ADMIN. CONTACT PATIENT FOR UPDATED INSURANCE INFORMATION

### Additional Information

\*\*\* IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.

**Diagnostic Imaging Consultants**  
601 Dodds Avenue  
Chattanooga TN 37404

CHECK CREDIT CARD USING FOR PAYMENT AND FILL OUT BELOW.		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> DISCOVER
CARD NUMBER		SECURITY CODE
NAME ON CARD (PLEASE PRINT)		EXP. DATE
SIGNATURE		
STATEMENT DATE 04/10/2015	ACCOUNT # DII 8820822	PAY THIS AMOUNT \$252.00



AMOUNT PAID

Toll Free: 866/730-5619 IRS# 62-0853566

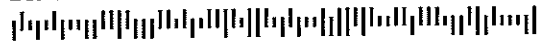
Pay online at [www.ePayitOnline.com](http://www.ePayitOnline.com)  
CodeID: MEDICAL4 Access #: 4572583-1-1587



2194 1 AT 0.406 \*10



02194



ROGER DALE DODSON  
139 Clear Lake Rd  
Mc Donald TN 37353-5765

MAKE CHECK PAYABLE & REMIT TO:



Diagnostic Imaging Consultants  
601 Dodds Avenue  
Chattanooga TN 37404-3911

MEDICAL4-0420644-0002194-4572583-001-001587-#002447-0001

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT  
USING THE RETURN ENVELOPE ENCLOSED

Date	Patient	Code	Description of Services	Credits/Adj.	Amount
10/30/14	ROGER	74177/26	CT ABDOMEN AND PELVIS IMPG/MONICA-CANT FIND PT PLEASE CALL WITH COR DOS: 10/30/14 DENIED by I P M G B: 57202 CORRECT PRIMARY INS INFO NEEDED DOS: 10/30/14 DENIED BY MEDICARE CAHABA B: 57886 Expenses incurred prior to coverage. Services rendered at: MEMORIAL HOSPITAL MEDICARE CAHABA billed on 01/14/15. I P M G billed on 01/21/15. Claim 1 Total:		\$252.00

YOUR INSURANCE CLAIM HAS BEEN REJECTED. PLEASE SUBMIT PAYMENT  
IMMEDIATELY.

To pay this statement electronically go to  
[www.ePayitOnline.com](http://www.ePayitOnline.com) or scan the barcode  
to the right with your mobile device or tablet

SCAN FOR  
MOBILE  
PAYMENT



**MINIMUM PAYMENT OF \$100.00 IS REQUIRED**  
**THE PAYMENT PLAN TERM SHALL NOT EXCEED 6 MONTHS**  
**DUE IMMEDIATELY**

**BALANCE DUE: \$252.00**

Patient: ROGER

Account Number: DII 8820822

Statement Date: 04/10/2015

Location: MEMORIAL EMERGENCY ROOM

Referring Physician: VERGOT, SUSY L, M.D.

Diagnostic Imaging Consultants  
601 Dodds Avenue  
Chattanooga TN 37404

Toll Free: 866/730-5619 IRS# 62-0853566



**INSURANCE PROGRAM MANAGERS GROUP**  
 225 SMITH ROAD  
 ST CHARLES, IL 60174

Return Service Requested

E-DIGIT 373

9071 0.5234 AT 0.403



ROGER DODSON  
 139 CLEAR LAKE RD  
 MC DONALD, TN 37353-5765

40

Customer Service (630) 789-2082  
 Monday - Friday 8:00 AM - 5:00 PM

WWW.IPMG.COM

Claim No: 214001099  
 Group Name: Harrington & King Perforating Company  
 Employer No: HARDE 000600  
 Employee Name: DODSON, ROGER  
 Id. Number: 600-600000176  
 Patient Name: ROGER DODSON  
 Provider: DIAGNOSTIC IMAGING CONSLT  
 Processed Date: 01/06/15  
 Patient Account: DI100882925001

Network: PHCS WITH MULTIPLAN WRAP NETWORK



2 OF 2

ENV 9071

### Explanation of Benefits

Service Dates	Description of Service	Total Charge	Reduced By	Code	Not Covered	Code	Deductible Amount	Eligible Expense	Paid At %	Benefit Amount	Patient Liability
11/10/14-11/10/14	RADIOLOGY	252.00			252.00	55					0.00
Totals:		252.00			252.00					0.00	0.00
Amount Paid By Primary Plan										0.00	
Total Payment This Claim										0.00	

### Code Description

55 A benefit determination cannot be made at this time. Please submit the Explanation of Medicare Benefits that corresponds to these charges. Your claim will be re-evaluated as soon as this information has been received.

If your claim is not paid in full, you or your authorized representative may appeal the claim within 180 days following the receipt of the determination. The appeal must be made in writing and include any written comments, documents, records, or other information relating to the claim that you would like to be taken into consideration. The appeal should be directed to:

- \* Claims Appeal Administrator
- \* IPMG Employee Benefits Serv
- \* 225 Smith Rd
- \* St Charles IL 60174

You, or your authorized representative, will be notified of the decision on your appeal no later than 30 days after the receipt of your written request. If your appeal is denied, in whole or in part, or this plan should fail to follow the appeal procedures established above, you will be deemed to have exhausted the administrative remedies available under the Plan and will be entitled to bring a civil action under ERISA section 502(a).



**CHI Memorial**

**Memorial Hospital of Chattanooga**  
BOX 830913 (Use mail address below)  
Birmingham, AL 35283-0913

**STATEMENT**

Page: 1 of 4

May 14, 2015

**ROGER D. DODSON**

Patient Reference Number: 0040246096

Payment Due Date: Due Upon Receipt

Date(s) of Service: 10/31/2014 - 11/01/2014  
Message ID: CHPSTM2A



002444  
0202

**CHANGE SERVICE REQUESTED**

#BWNHDKX  
#8520010006600012#



ROGER D. DODSON  
139 CLEAR LAKE RD  
MC DONALD, TN 37353-5765

**Thank you for choosing Memorial Hospital of Chattanooga**

### Account Summary

Total Charges .....\$26,461.66  
Adjustments .....\$0.00  
Paid by Insurance .....\$0.00  
Already Paid by Patient .....\$0.00

**Amount you owe now .....\$26,461.66**

#### Page 1

- Account Summary
- Payment Stub
- Phone Number

#### Page 2

- Important Information
- Payment Options
- How to Reach Us
- Changes to Personal Information

#### Page 3

- Understanding Your Statement
- Statement Details

654822 (PC4)

Detach and return bottom portion with payment. Please make checks or money orders payable in U.S. funds to Memorial Hospital of Chattanooga and include your patient reference number.

May 14, 2015

37287

**ROGER D. DODSON**

Patient Reference Number: 0040246096  
Payment Due Date: Due Upon Receipt

Date(s) of Service: 10/31/2014 - 11/01/2014

Phone: Memorial Hospital of Chattanooga (se habla Español)  
Customer Service 1(877)721-6504  
Monday - Friday 8:30am to 5:00pm

Q0559283 852001000660001

37287\*TCN0EAGN1000249

**DUE DATE**  
Due Upon Receipt

**AMOUNT YOU OWE**  
\$26,461.66

☐ Please check box if address above is incorrect or insurance information has changed, and indicate change(s) on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA OR AMERICAN EXPRESS, FILL OUT BELOW.

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER:

CARDHOLDER SIGNATURE

EXP. DATE

CARDHOLDER NAME (please print)

CARDHOLDER PHONE #

**AMOUNT AUTHORIZED / ENCLOSED \$** \_\_\_\_\_

**REMIT PAYMENT TO:**

**MEMORIAL HOSPITAL OF CHATTANOOGA**  
PO BOX 644492  
PITTSBURGH, PA 15264-4492

**BAS** Benefit Administrative Systems, LLC  
17475 Jovanna Drive, Suite 1D  
Homewood IL 60430-1082

# Explanation of Benefits

RETAIN FOR TAX PURPOSES

**THIS IS NOT A BILL**

## Forwarding Service Requested



\*\*\*\*\*MIXED AADC 373

542 2 MB 0.435

ROGER DODSON  
139 CLEAR LAKE ROAD  
MCDONALD TN 37353

## Customer Service

Questions? Contact us at  
(800) 843-3831 or fax us at (708) 799-7533

**Enrollee:** ROGER DODSON  
**Patient:** ROGER DODSON  
**Member ID:** 0075166  
**Group:** HARRINGTON & KING PERFORATING  
**Group#:** 114300  
**Location:** 0400  
**Location Name:** 0400 - TN RETIREES  
**Dep Code:** e  
**Date:** 12/04/2014

**Claim#:** 29160307-01  
**Patient:** ROGER DODSON

**Patient#:** D1100882925001  
**Provider:** JOHN H BISESE MD

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
11/11-11/11/2014	98	\$627.00	\$627.00	TT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
11/14-11/14/2014	98	\$315.00	\$315.00	TT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
<b>Column Totals</b>		\$942.00	\$942.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
<b>Patient's Responsibility:</b> \$942.00										<b>Primary Carriers Allowed Amount</b>	\$0.00
										<b>Other Credits or Adjustments</b>	\$0.00
										<b>Total Net Payment</b>	\$0.00

## Service Code Description

98 INELIGIBLE

## Reason Code Description

TT BAS IS NO LONGER THE CLAIMS ADMIN. CONTACT PATIENT FOR UPDATED INSURANCE INFORMATION

## Additional Information

\*\*\* IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.



INSURANCE PROGRAM MANAGERS GROUP  
225 SMITH ROAD  
ST CHARLES, IL 60174

201501083308

Return Service Requested

9071 0.5234 AT 0.403  
3-DIGIT 373  
40  
ROGER DODSON  
139 CLEAR LAKE RD  
MC DONALD, TN 37353-5765

Customer Service (630) 789-2082  
Monday - Friday 8:00 AM - 5:00 PM

WWW.IPMG.COM

Claim No: 214000999  
Group Name: Harrington & King Perforating Company  
Employer No: HARDE 000600  
Employee Name: DODSON, ROGER  
Id. Number: 600-600000176  
Patient Name: ROGER DODSON  
Provider: DIAGNOSTIC IMAGING CONSLT  
Processed Date: 01/06/15  
Patient Account: DI100882925001

Network: PHCS WITH MULTIPLAN WRAP NETWORK

### Explanation of Benefits

Service Dates	Description of Service	Total Charge	Reduced By	Code	Not Covered	Code	Deductible Amount	Eligible Expense	Paid At %	Benefit Amount	Patient Liability
11/11/14-11/11/14	SURGERY	315.00			315.00	55					0.00
11/11/14-11/11/14	SURGERY	627.00			627.00	55					0.00
Totals:		942.00			942.00					0.00	0.00

Amount Paid By Primary Plan 0.00  
Total Payment This Claim 0.00

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1 OF 2  
ENV 9071

**BAS** Benefit Administrative Systems, LLC  
17475 Jovanna Drive, Suite 1D  
Homewood IL 60430-1082

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THIS IS NOT A BILL

### Forwarding Service Requested



\*\*\*\*\*MIXED AADC 373

542 2 MB 0.435  
ROGER DODSON  
139 CLEAR LAKE ROAD  
MCDONALD TN 37353

### Customer Service

Questions? Contact us at  
(800) 843-3831 or fax us at (708) 799-7533

Enrollee: ROGER DODSON  
Patient: ROGER DODSON  
Member ID: 0075166  
Group: HARRINGTON & KING PERFORATING  
Group#: 114300  
Location: 0400  
Location Name: 0400 - TN RETIREES  
Dep Code: e  
Date: 12/04/2014

Claim#: 29141797-01  
Patient: ROGER DODSON

Patient#: 000153650XPF09925  
Provider: JAMES HOBACK JR

Dates of Service	Service Code	Total Charge	Ineligible Amount	Reason Code	Discount Amount	Eligible Expense	Deductible Amount	Co-pay Amount	Balance Amount	Paid At	Payment Amount
10/30-10/30/2014	98	\$25.00	\$25.00	TT	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0%	\$0.00
Column Totals		\$25.00	\$25.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Patient's Responsibility:										\$25.00	
										Primary Carriers Allowed Amount	
										\$0.00	
										Other Credits or Adjustments	
										\$0.00	
										Total Net Payment	
										\$0.00	

### Service Code Description

98 INELIGIBLE

### Reason Code Description

TT BAS IS NO LONGER THE CLAIMS ADMIN. CONTACT PATIENT FOR UPDATED INSURANCE INFORMATION

### Additional Information

\*\*\* IF YOUR CLAIM IS DENIED IN PART OR WHOLE, YOU MAY APPEAL THE DETERMINATION BY SUBMITTING WRITTEN COMMENTS, DOCUMENTS, RECORDS OR OTHER INFORMATION RELATING TO THE CLAIM, AND, UPON REQUEST AND FREE OF CHARGE, RECEIVE COPIES OF ALL DOCUMENTS, RECORDS AND OTHER INFORMATION RELEVANT TO THE CLAIM. YOUR APPEAL MUST BE SUBMITTED IN WRITING TO THE PLAN ADMINISTRATOR WITHIN 180 DAYS AFTER RECEIPT OF THIS NOTICE. YOU WILL BE NOTIFIED OF THE DETERMINATION WITHIN 60 DAYS AFTER RECEIPT OF YOUR APPEAL. IN ADDITION, FOLLOWING THE DETERMINATION OF YOUR APPEAL YOU HAVE A RIGHT TO BRING A CIVIL ACTION UNDER SECTION 502 (A) OF ERISA.

Mountain Management Services  
5600 Brainerd Road, Suite 500  
Chattanooga, TN 37411



Account Number 153650XPF	Statement Date 03/09/15	Amount Due Now \$25.00
<div style="display: flex; justify-content: space-around;"> <div>VISA <input type="checkbox"/></div> <div>VISA <input type="checkbox"/></div> <div>MasterCard <input type="checkbox"/></div> <div>MasterCard <input type="checkbox"/></div> <div>DISCOVER <input type="checkbox"/></div> <div>DISCOVER <input type="checkbox"/></div> </div>		
CARD NUMBER	CV2 CODE	AMOUNT
SIGNATURE		EXP. DATE
PATIENT NAME ROGER D DODSON		DAYTIME PHONE NUMBER

1 / 1

0000000706



\*\*\*PERSONAL AND CONFIDENTIAL\*\*\*

ROGER D DODSON (XPF )  
139 CLEAR LAKE RD  
MC DONALD, TN 37353-5765

**MAKE CHECK PAYABLE TO:**

MEMORIAL HOSPITAL PRO FEE  
PO BOX 116426  
ATLANTA, GA 30368

**IF THIS LETTER IS NOT ADDRESSED TO YOU, DO NOT OPEN  
RETURN TO POSTAL CARRIER UNOPENED**

- ☐ Please check box if above address is incorrect or if insurance information has changed and indicate change(s) on reverse side.  
Please detach and return the top portion with your payment.

STATEMENT OF ACCOUNT						
Primary Insurance:			Secondary Insurance:			
Date of Service	Physician & Description	Charges	INSURANCE PAYMENTS	ADJUSTMENTS/ DISCOUNTS	PATIENT PAYMENTS	PATIENT BALANCE
Account: 153650XPF						
10/30/14	HOBACK EKG INTERPRET & RPT	25.00				25.00

CURRENT	30-60 DAYS	61-90 DAYS	90-120 DAYS	> 120 DAYS	CHARGES STILL OUT TO INSURANCE	TOTAL PATIENT RESPONSIBILITY
		25.00			25.00	\$25.00

**Messages:** If you are paying on more than one statement, please send a separate check for each account number. For billing inquiries call **Mountain Management Services at 423-495-4848**. Hours Mon - Fri 8:30 AM - 5:00 PM. Email questions to: [PatientAccounts@Memorial.org](mailto:PatientAccounts@Memorial.org)  
THIS IS THE SECOND STATEMENT WE HAVE SENT TO THIS ADDRESS

James F. Logan, Jr.  
James S. Thompson  
Kenneth L. Miller  
Robert S. Thompson  
Philip M. Jacobs  
Robert G. Norred, Jr. \*  
\*Also licensed in Georgia

LAW OFFICES  
**LOGAN-THOMPSON, P.C.**

Professional Corporation  
30 Second Street, NW  
P. O. Box 191  
Cleveland, TN 37364-0191

**COPY**  
Matthew G. Coleman  
Laurie H. Hallenberg  
James S. Webb, Of Counsel  
Bill B. Moss (1938-2014)  
T: (423) 476-2251  
F: (423) 476-2252  
[www.loganthompsonlaw.com](http://www.loganthompsonlaw.com)

July 22, 2015

Mr. Tad Ostrander  
Harrington & King South, INC.  
3939 Michigan Ave  
Cleveland, TN 37323

Harrington & King Perforating Company, INC  
5655 West Fillmore St. Chicago, IL 60644-5504  
ATTN: Andrew Lovaas

RE: Roger Dodson

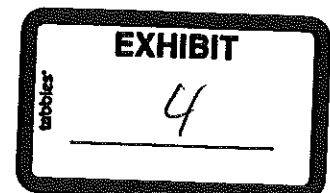
Gentlemen:

We are contacting you regarding Roger Dodson, who is a 37-year employee of your company in the Cleveland plant. Mr. Dodson had an emergency appendectomy in October 2014. For health insurance for Mr. Dodson and his wife, Mr. Dodson had been paying \$472 per month to Harrington & King Perforating (0400-TN Retirees).

When Mr. Dodson submitted his medical bills to Benefit Administrative Systems, LLC, whom he now knows was just a third party administrator, they denied his claims indicating that they were no longer the claims administrator for Harrington & King. Thereafter, Mr. Dodson was provided the letter indicating that IPMG (Insurance and Program Managers Group) had coverage for this loss, and his bills were submitted to that entity. IMPG took the position that Mr. Dodson was eligible for Medicare and that that entity should be paying his bills. At the time of the claim, Mr. Dodson was 64 years old and was not eligible for Medicare Health Insurance Benefits. The following attached bills remain unpaid:

1.	Dr. John Bickel	\$	30.00
2.	Memorial Hospital (professional fee)	\$	50.00
3.	Emergency Physician statements (Chattanooga Emergency Medicine)	\$	1,192.00
4.	Mountain Management Services	\$	25.00
5.	Optima Recover Services	\$	1,194.00
6.	Diagnostic Imaging Consultants	\$	1,194.00
7.	Diagnostic Pathology Services	\$	30.00

Building a Tradition of Legal Services



8.	Diagnostic Imaging Consultants	\$ 252.00
9.	Memorial Hospital of Chattanooga	\$26,461.66
10.	Dr. John Bisese	\$ 942.00
11.	Dr. James Hoback	\$ <u>25.00</u>
	Total Bills:	\$31,395.66

Ultimately, Tadd advised Mr. Dodson of the truth that his employer had not been paying him to the requisite amounts into their self-insurance fund and his medical benefits were not going to be paid.

When an employer has a self-funded health insurance claim, the failure to properly fund the obligations violates ERISA and more specifically 29 U.S.C §1132. We also expect that there are certain individuals with Harrington that are considered fiduciaries for purposes of properly funding employee health plans and that they would be individually responsible for these charges as a result of the non-funding of the plan or diversion of monies to other areas. We would expect that the administrator of the plan would also be deemed to have violated the 29 U.S.C §1021 (Duty of Disclosure and Reporting) and that that person would also have some individual responsibility to Mr. Dodson.

Under the provisions of 29 U.S.C. §1132(g), a Court should award the unpaid contributions (\$31,395.66), interest on the unpaid contributions, reasonable attorney's fees and other legal equitable fees that the Court deems appropriate. In this case, Mr. Dodson demands that the enclosed bills be paid as they should have been under the fund, his attorney's fees of \$1500 should be paid directly to our firm and Mr. Dodson should be allowed the right to submit additional bills not included here in the part of the non-covered plan as a result of Harrington's failure to fund the plan. If these actions are not taken or corrected within ten (10) days of the date of this letter, the appropriate action will be taken to enforce these remedies.

Sincerely,



Robert G. Norred, Jr.

RGNjr:bjm

Enclosures

cc: Mr. Roger Dodson